1 XO (NA)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0504"
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	TALBOX MARYLAND MARYLAND CLEEN HONES
cessary, funeral may be artment r death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 16  C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
φ <u>A</u> φ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE
Page 5 may be grate Department fours after death.	ON A FARM?
and 3 to the same of the same	3. NAME OF First Middle Last   4. DATE Month Day Year
5/5/ 19/	OFFICE CTYPE OF PRINT) DOROTHY (RADTREE BAIR DEATH # - 6 - 1966
ges 1, 2 form P	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Hours   Min.   Months   Days   Hours   Min.
Page h fo	TEMALE WIDOWED DIVORCED WARCH & 1906 60 yrs.
er di ive live l	during most prevorking life, even if retired) INDUSTRY
ours after death m 18. Give Pag e along with f pages 1 and 2 in any event	WITE HOME Elsworth MAINE U.S.H.
our John John John John John John John John	HARRY L. CRABTREE BLANCH GARDNER
24 ho office File f, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unbown) (8) yes give war or dates of service)
within 2 pencil in miner's 0 permit. I removat,	1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 3
EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  **Tolong Page 3 should be used as a burial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  IMMEDIATE CAUSE (e)
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te the see 4	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
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TO DEPUTY MEDICAL EXA please execute the co- director. Page 4 shour retained for your files, TO FUNERAL DIRECTOR: of Health or its design	23a. DURHAL, CREMATION, 23b. DATE THEREOF 23c, HAME OF CEMETERY DR CREMATORY 23d. OCATION (City, town or county) (State)
7	24 FUNERAL DIRECTOR ADDRESS A 253 REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY the MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) p hours .⊆ bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE ON A FARM? d. STREET ADDRESS executed within 24 YES NO completely fi NAME OF First Middle Last 4. DATE Month Day DECEASED event, (Type or print) DEATH move move SEX 6. COLOR OR RACE AGE (in years | IF UNDER last birthday) | Months | IFUNDER 1 YEAR IFUNDER 24 HRS 8. DATE OF 7. MARRIEO [ NEVER MARRIED BIRTH Hours Davs WICOWED DIVORCEO 10a. USUAL OCCUPATION (Cive kind of work done I 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? be during most of working life, eyen if retired) INDUSTRY attending physic ermit. Then plea that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANI Address (Yes, no, or unkown) ((If yes give war or dates of service) No the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN When this certificate has been signed by the be detached for use as the burial-transit. State Dept. of Health prior to hurial around ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **O HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that ti Page 4 may be retained by the hospital or attending physician. 24 Xrs IMMEDIATE CAUSE (a) 0 **DUE TO** The law requires Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJUNY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (State) (County) After th factory, street, office bldg., etc.) Hour a.m. Not While at work at work should ith the S 21. I certify that (I) (this hospital) attended the deceased from to. \_\_\_, that (I) (we) fast FUNERAL DIRECTOR: 3 sho saw the deceased alive on and that death occurred at. SM. from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SICNED page ATTENDING M.D. PHYS. DIRECTOR PHYS PHYSICIAN'S 22d. AOORESS director, p NAME (Type) COCATION (City, town or county) BURIAL, CREMATION. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specific 0 FUNERAL DIRECTOR RECISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. VR AL5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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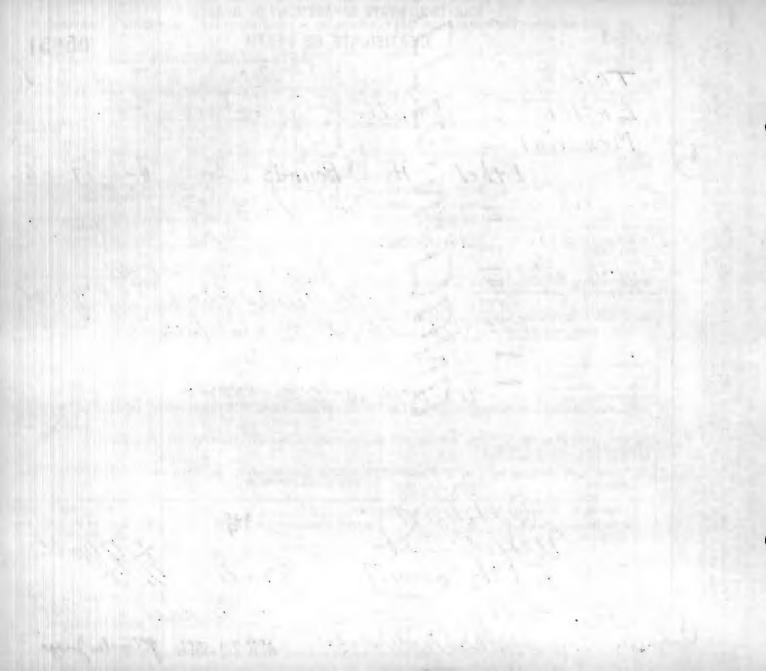
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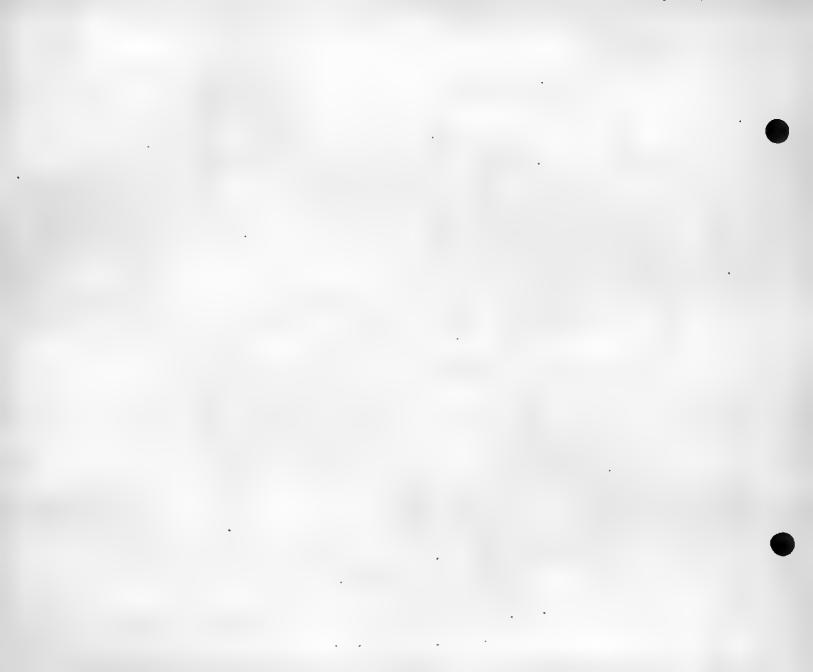
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, II institution: Residence before admission) a. COUNTY b. COUNTY Maryland Dorchester MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) carbon papers. Pagent, within 72 hours write RURAL and give nearest town), Hurlock - Rural 5 d. NAME OF HOSPITAL OR INSTITUTION (if not/in hospital, give street address) e. IS RESIDENCE d. STREET AODRESS ON A FARM? c/o Cloverdale Farms YES X NO etely NAME OF DATE First Middle 4. Month Day DECEASED OF DEATH event, (Type or print) 00 19 5. SEX 6. COLOR OR RACE and cor OATE OF BIRTH 7. MARRIED X AGE (In years | IF UNOER 1 YEAR NEVER MARRIED birthday) May 15, 1926 Months **Oays** Hours Female Negro WICOWEO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housework INDUSTRY physicia Home South Carolina USA certificate 5 attending phy ermit. Then p n. or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Floyd Lelia (maiden name unknown) ed by the attent transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, qq. or unkown) (If yes give war or dates of service) death 215-20-0910 John Blackshire, Hurlock, Maryland, RFD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN -transi ONSET AND OEATH PART I. OEATH WAS CAUSED BY: PHYSICIAN: The law requires that to the hospital or attending physician. been signed the burial-tra IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUF TO cause (a), stating the underlying cause last. (c) 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health certificate PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. After Id be d While Not While Page 4 may be retained by at work at work hospital affended the deceased from 21. I certify that (I) (this 19......, that (I) (we) last DIRECTOR: saw the deceased alive on and that death occurred at. M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF PHYS. OIRECTOR M.O. PHYS. FUNERAL director, p 22c. PHYSICIAN'S 22d. NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. 23a. NAME OF CEMETERY OR CREMATORY 23d. LODATION (City, (State) Burial 3,1966 Thompsontown Cemetery FUNERAL DIRECTOR 20M 1/65

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100		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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O HOSPITAL OR ATTENDING PHYSICIAN: The la Page 4 may be retained by the hospital or att o FUNERAL DIRECTOR: After this certificate h director, page 3 should be detached for use should be filed with the State Dept. of Health		NAME (Type) E-C. H. Sutamist Ceartin, Illand	
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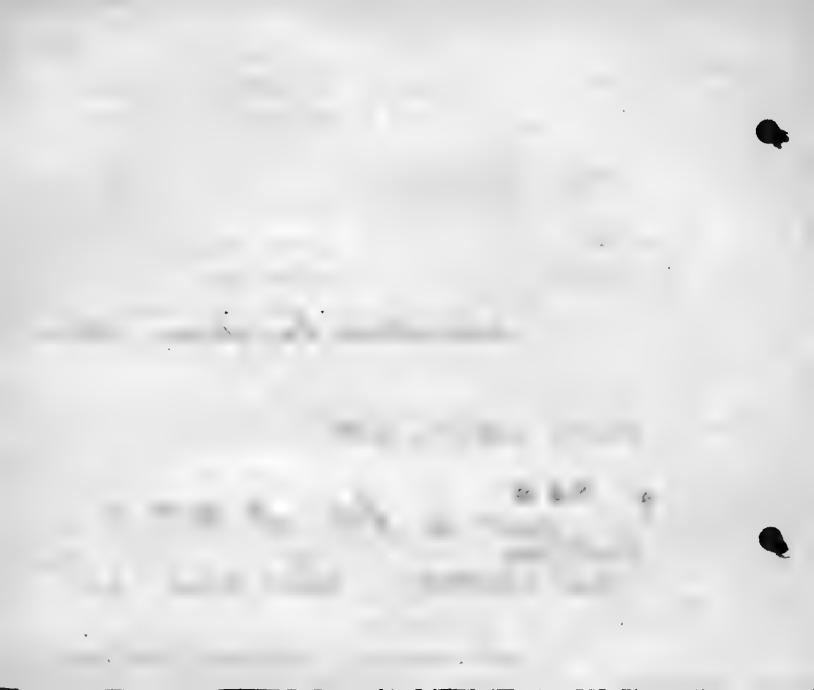


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission) a. COUNTY: Maryland b. COUNTY Talbot MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton MID Ξ bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ed d. STREET AODRESS IS RESIDENCE ON A FARM? Not Known NO X etely executed within carbon NAME OF First Middle Last 4. DATE Month Day Year DECEASED DF event, (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE OATE OF BIRTH 9. ACE (Myears | IFUNDER 1 YEAR | IF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED last pirthday) Female White Months I Days Hours WIDOWED T DIVORCED .= 102. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY USA 11. BIRTHPLACE (County & State, or foreign country) ease during most of working life, even if retired) Home Boston, Mass 5 13. FATHER'S NAME removal. 14. MOTHER'S MAJOEN NAME attending ph William Oliver Robson Ellen Riggs transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) death Unknown Mr. Lambert Byrn, Cambridge, Maryland Ne CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) signed been signed the burial-tr or to burial, c **OUE TO** Conditions, If any, which (b) gave rise to immediate OUE TO cause (a), stating the underlying cause tast. (c) SS CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(2) WAS AUTOPSY for use Health use certificate PERFORMEO? PHYSICIAN: The NO T YES dis cer. 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 0 Hour a.m. factory, street, office bldg., etc.) White Not While After ATTENDING 19 at work at work u 21. I certify that (!) (this hospital) attended the deceased from 19 that (I) (we) last DIRECTOR: age 3 should iled with the and that death occurred at 932 M, from the causes and on the date stated above. saw the deceased alive or DATE SICNED 22a. SIGNATURE 22b. ATTENDING PHYS. STAFF PHYS. M.O. DIRECTOR Da 運 O HOSPITAL FUNERAL PHYSICIAN 22d, ADDRESS 22c. director, p NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, (State) Cambridge Cemetery REMOVAL (Specify) Cambridge, Maryland V 25a. REC'D BY RECISTRAR | 25b. RECISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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CERTIFICATE OF DEATH funeral should hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence belora edm ssion) a. COUNTY B. STATE **b.** COUNTY albot the day MARYLAND Maryland Tal bot b. CITY OR TOWN lif outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) Rural Easton life Rural Easton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RET YES 📆 NO 📋 3. NAME OF Farst Middla Last DATE Month Day Year DECEASED OF Nettie Henrietta (Type or print) DEATH Collins 186 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. and lest birthday) Months Days Hours WIDOWED X DIVORCED T 8413. physician 10a, USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or toraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) house woork Talbot Maryland USA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ding Richard Warner Ozzlia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT [Yes, no, or unkown] | (Ifyesgive war or dates of service) No Evelyn J. Williamson 18. CRUSE OF DEATH Enter only one cause per line for (a), (b), and (c) } INTERNAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01, 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X USB prior 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) jo OR CONTRIBUTING [] CAUSE OF DEATH MEDICAL 20c, TIME OF INJURY Month, Day, Year a 20d, INJURY OCCURRED; 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., alc.) While Not While at work TOR 21. I certify that (I) (this hospital) attended the deceased from . that (I) (we) last saw the degeased alive or ..... and that death 22b O COE 22a. SIGNAZUKI en ATTENDING SIGNED DIRECTOR death. Page 4 PHYS. MD. HOSPITAL 22c, PHYSICIAN S 22d ADDRESS FDERER TO FUNE director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) (Specify) Ö Spring Easton Talbot THE PUNERAL DIRECTORS SIGNATURE ADDRESS 25m. REC'D BY REGISTRAR VR ATS (4) ISM 7/61 Easton. Maryland

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



1 (M)		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ithii watel	3.	DECEASED
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eath certificate be ex eath anding physician a ermit. Then please re on, or removal, and in a	1! (Y	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  es, no, or uniquen) (If yes give war or dates of service)  Address
deal rion,	-	1.18. CAUSE OF DEATH LEnter only one cause over line for (a). (b) food (c).)
that the death certificate be sician. med by the attending physicia al-transit permit. Then please al, cremation, or removal, and i		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)
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law requires attending phy, has been signed as the burist prior to burist		gave rise to immediate
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atte atte e ha se a th pr	T NOT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) WAS AUTOPSY PERFORMED?
The lor a cate or use tealth	FICA	YES NO
ATTENDING PHYSICIAN: The law requires that the death ortained by the hospital or attending physician. CTOR. After this certificate has been signed by the attent is should be detached for use as the burial-transit permit.  **Application of the content of the con	CERTIFICATION	20a. ACCIOENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING   CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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DING ad by Afte d be e Sta	E	21. 1 certify that (I) (this hospital) attended the deceased from 20 / / Use 1946, to 3 / / 1946, that (I) (we) last
ATTENDIN retained the CTOR: Affi Should be		21. I certify that (I) (this hospital) attended the deceased from A 110 1114, to 5 16 16, 19 16, that (I) (we) last say the deceased alive on P 16 19 19 and that death occurred at 5 M, from the causes and on the date stated above.
AT ret		22a, SIGNATURE 22b DATE SIGNED
oy be on the or of the or		M.D. PHYS. DIRECTOR STAFF DIVERS DIRECTOR DIRECT
O HOSPITAL OR ATTENDI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		PHYSICIAN'S NAME (TypeR. Lane Wreth M. N. St. Michaels, Maryalnd 1-5-66
Page Page Ful direc	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  REMOVAL (Specify)
₹ ₽ ***	1/2	FINERAL OIDECTOR ADDRESS 1 250 REGISTRAR 250
VR A15 (4)	,	1. VERGIL MUORE DENTONMO APR 11 1966 fcharles Judge
20M 1/65	_	St. C. A. D. C.



7	1 (3)	V	MARYLAND STATE DEPART	
7	. ( [M		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 CERTIFICATE O	
	ath.	1.		
	hours after death d in by the funeral rrs. Pages 1 and 2 2 hours after death	1,	a. CDUNTI	USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission)  a. STATE  AA  b. COUNTY
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	24 fille pape in 7.		Memorial Hospital	ON A FARM?
	executed within and completely remove carbon any event, with	3	NAME DF First Middle	Last   4. DATE Month Oay Year
	r wi		(Type or print) Percy Adams	Davis DEATH 4/8 1966
	o cor	5.	6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. OAT	TE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS
	<b>第一是</b>		na le write WIDDWED OIVORGED 7/1	15/1889 76 yrs.
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	ngin ren	1	<ol> <li>WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDC IAL SECURITY ND.   17. INFOR</li> </ol>	Georgianna Saulsbury RMANT Address
	eath certificate b attending physici ermit. Then pleas on, or removal, and	(Y	Yes, no, or unkown) (the yes give war or dates of service) 228 /18 56/10 Mag. 9	Percy A. Davis, Easton, Md.
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	res that the death physician, signed by the atter urial-transit permit. Durial, cremation, or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)	ONSET AND DEATH
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	fres the physici n signe burial-t burial,		Conditions, if any, which I the warmy com	a bdays
	requir ding p been the bl		gave rise to immediate cause (a), stating the DUE TD	eine miantin Galan
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	<b>*</b> * * 5 - 1			INJURY (Home, farm,   20f. (City or town) (County) (State)
	क्षेट्र व्ह	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	eet, office bidg., etc.)
	OR ATTENDIN  be retained by DIRECTOR: Aft ge 3 should be sed with the St	-	21. I certify that (!) (this hospital) attended the deceased from 2 a	1 1 0 0 10 10 10 10 10 10 10 10 10 10 10
_	short the training of training of the training of training of the training of		saw the deceased alive on 4-3 19.66, and that death	h occurred at 4 A.M. from the causes and on the date stated above.
	d William		22a. SIGNATURE ALLEGA PO ATT	TENDING MED. STAFF PHYS. 22b. DATE SIGNED
	AL (		226 PHYSICH N/S	anneres
	SPITAL 4 may VERAL D tor, pag d be file		NAME (Type) Stephen P. Carney M. D.	Easton, Maryland 4/8/66
	TD HDSPITAL OR ATTENDIN Page 4 may be retained ID FUNERAL DIRECTOR: Af director, page 3 should be should be filed with the S	23	32. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR	
	E E S	_	Burial 4/11/1966 Spring Hill 24. FUNERAL DIRECTOR / ADDRESS	Easton, Md.
	01	20	24. FUNERAL DIRECTOR ADDRESS	25a DEC'O BY REGISTRAR 25M MEGISTRA'S SIGNATURE
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	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
£ 80£	05960 CERTIFICATE OF DEATH 115957	
er death.  e funeral 1 and 2 ier death	1. PLACE OF DEATH a. COUNTY bot  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE haryland b. county albot	on)
hours after death, d in by the funeral rs. Pages 1 and 2 thours after death	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Easton  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ST. MICIAELS	(n)
fille fille 7.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  HOUSE IN THE PINES - EASTON  C. IS RESIDEN ON A FARM YES NO [	
be executed within and completely see remove carbon pad in my event, mithin	3. NAME OF DECEASED (Type or print) Ruth Widdle Wonald 1. DATE OF DEATH Opril 1/ 1960	-10.
executed wand complete move carrience carrienc	5. SEX   6. COLOR OF RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   FUNDER 24H   MONTHS   Days   Hours   MI	
e de la companya de l	102. USUAL DCGUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, er foreign country)  11. BIRTHPLACE (County & State, er foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. CITIZEN OF WHAT COUNTRY?  14. COUNTRY?	
ding of Therm	13. FATHER'S NAME  URNDORFF SUMMERS VIRGINIA HEMEDRIGHT	
ie death certific the attending it permit. Ther	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)  19701-7665 Lyna aris of service)  19701-7665 Lyna aris of service)	J.
es that th physician. signed by mrial-trans	18. CAUSE OF DEATH [Enter only one cause per the for (a), (b) and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate	N H
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	21. Legrity that (I) (this hospital) attended the deceased from / //////////////////////////////////	
AL OR ATTEN nay be retain AL DIRECTOR: page 3 shoul	M.D. ATTENDING MED. STAFF HYS. 4-11-66	
TO HOSPITAL Page 4 may TO FUNERAL director, pa Shirul le fi	NAME (Type)  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY-OR CREMATORY   23d. LOCATION (City, town pr county) (State)	
2 2 2	PEMOVAL (Specify) APR. 13. 1964 WILLIVET CIEMETERY ST. MICHAIL S AND 24. FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE	
VR A15 (4) 15M 4-64	Antelon Harrison, of Mckolls. parAPR 15. 1966 gelianles Judge	



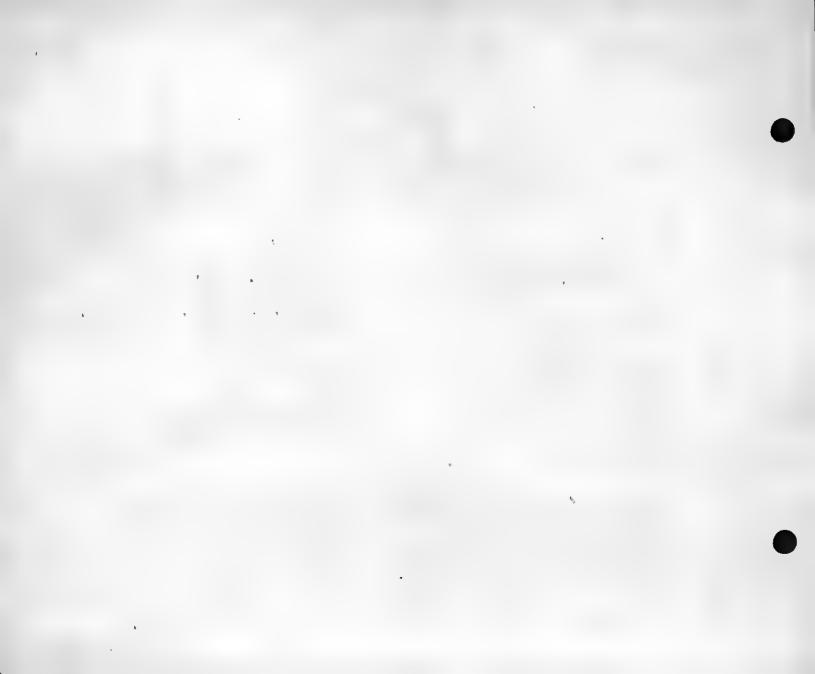
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. EALO 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Talbot MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) aston letime anton .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS filled ON A FARM? Trippe Ave Inippe five YES NO X executed within etely carbon NAME OF Middle DATE Month Day OECEASED 10 166 ames Spencer Duptt (Type or print) DEATH AGE (In years | IF UNOER 1 YEAR | F UNDER 24 HRS. | Hours | Min. 5. SEX 6. COLOR OR RACE OATE OF BIRTH 7. MARRIED X NEVER MARRIED WIDDWEG F DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ê during most of working life, even if retired) INOUSTRY ine aquires that the death certificate 13. FATHER'S NAME MOTHER'S MAJOEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 占 (Yes, no, or unkown) (If yes give war or dates of service) no cremation, the t pe CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: seeke attending physician. IMMEDIATE CAUSE (a) gned been seem the burian the burial, c DUE TO Conditions, If any, which (b) gave rise to immediate OUE TD cause (a), stating the underlying cause last. SS CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO? YES [ NO [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a, ACCIDENT WAS UNDERLYING IT detached f te Dept. of DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. While Not While n.m. 19 at work at work 1966 that (I) (we) last 0 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: M. from the causes and on the date stated above. saw the deceased alive on and that death/occurred at 3 ST 22b. DATE SIGNED 22a. SIGNATURE page DIRECTOR M.D. PHYS. HOSPITAL PHYSICIAN'S 22d. AODRESS should be NAME (Type) director, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION., 23b. REMOVAL (Specify) Buria REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. (4) VR A15 20M

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421 M	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05962 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (15959)
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Talkot  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE aryland b. COUNTY Kent
the funeral of the fu	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)  write RURAL and give nearest town)  SASTOR  C. LENGTH OF STAY IN 1b  Rock Hall
+- CU W W	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Edstor Mecrical Hospital  VES NO MA
the 72 h	3. NAME OF DECEASED (Type or print) Mary First Margaret Elvidge 4. DATE OF DEATH April 9 19 66
fter death. If a Give Pages 1, 2 ig with form P 1 and 2 with y event within	(Type or print)  5. SEX Female  6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH White  7. MARRIED X NEVER MARRIED 3. B. DATE OF BIRTH White  8. DATE OF BIRTH 29. AGE (In years IFUNDER 1 YEAR) FUNDER 24 HRS. Hours Min.  Hours Min.
after de 3. Give P ong with	10a. USUAL OCCUPATION (Give kind of work done during most streeting) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Hospital Rock Hall, Maryland (CH)
thours a ltem 18. Iffice along another and included and included another and included another	13. FATHER'S NAME Nelvin O. Townsend Thelma Unie
42 TE 6	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 7945 Bayered Street (Yes, no, or unknown) (If yes give war or dates of service) 214-34-5951 Walter Elvidge- Philadelphia, Penna
AL EXAMINER. This certificate should be executed within the certificate, writing the word "pending" in pencil I should be forwarded to the Chief Medical Examiner's files.  ITER: Page 3 should be used as a burial-transit permit. designated agent, prior to burial, cremation, or removal	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  BUE TO  Conditions, If any, which  (b)
should be vord "pe Chief Me as a buri rial, crem	gave rise to immediate cause (a), stating the underlying cause last.    Co   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   19. WAS AUTOPSY   19
ficate s the w o the o	Broker Legs bilateral YES NO EN
ER. This certificate, writing forwarded to 3 should be agent, prior 1	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  Head on collision of two autos.  The collision of two autos.
NER: Th ficate, oe forw ge 3 sh id agen	Hour a.m. 4-9-66 3 While Not While at work A Highway Queenfown QH had
the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsý, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
MEDIC.	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER HOLD HOLD DEPUTY MEDICAL EXAMINER HOLD D
EPUT ase ector ained MEK	EXAMINER'S NAME (Type)  C. Rodney Lauton  Address (Street, city, town, or county) (entreville, Md
T direction	Burial April 12 Wesley Chapel Rock Hall, Maryland  24. FUNERAL DIRECTOR ADDRESS   258. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	Edgar S. Lane Church Hill, Maryland DAMPR 18 1966 Icharles Judge



1 3	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	05963 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	25960
HEALTH DESTAN	1 PLACE OF DEATH O COUNTY 1 G DO 1  MARYLAND  2 USUAL RESIDENCE (Where deceased I ved, if institution Residence belong STATE D COUNTY ALL	Bo 7
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Swithin 24 in penc! in Examiners File pages	Lester T. Greenhauk Helen G. Crouse	
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_ = 9 0	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACCIDENTAL ELECTROCUTION	NTERVAL BETWEEN ONSET AND DEATH
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MEDIA please I directe retainer I DIREC	ACTUAL SIGNATURE LEXAMINER MD ASSISTANT MEDICAL EXAMINER MD ASSISTANT MEDICAL EXAMINER MD	22. DATE SIGNED
TO DEPUTY MEDICAL EXAM necessory, please execute it the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type)  **ELT FOEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  **ELT FOEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	2-8-66
TO D the 5 m	23d BUR AL (REMAT ON, REMAY ON, REMAY ON, REMAY ON Spring Hill Easton, Md. (Coun	ty) (State)
VR A15ME (9)	24. FUNERAL DIRECTOR TO KING AND ADDRESS TOWN AND MATERIAL BY GISTRAR SIGNAL AND COMPANY OF THE STATE STATES OF THE STATE	udge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 ? a. STATE b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAK IN 1b c. CITY/OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 1 write RURAL and give nearest town) hours = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address. filled IS RESIDENCE ON A FARM? any event, within No P YES 0.D.C.1/4 etely carbon NAME DE DATE First Middle Łast Month Day DECEASED OF DEATH comple (Type or print) 8. DATE OF BIRTH executed 6. COLOR OR RACE emove ₩8. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED [ Months Days Hours and WIDOWED DIVORGED yrs. 10a. USUAL OCCUPATION (Give/kind of work done . 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA B 8 INDUSTRY certificate be during most of working life, even if retired) attendin∎ physicia rmit. Then pleas AD 06 FATHER'S NAME MOTHER'S MAIDEN NAME гетома WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMAN Address death (Yes, no, or unknwn) (If yes hive war or dates of service) been signed by the unial-transit por to burial, cremat 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician, IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the as till prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? certificate NO [ YES 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached te Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING at work at work P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death/occurred at 3 saw the deceased alive on M. from the causes and on the date stated above. 228. SIGNATURE DATE/SIGNED 22b. page ATTENDING STAFF 00 M.D. PHYS. DIRECTOR PHYS. TO HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS ģ director, NAME (Type) should CREMATION: 236 23c/ NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City, town or younty) (State) 2 FUNERAL DIRECTOR ALK 29 1366. ADDRESS VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 36 2 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the f Pages 1 irs after/ MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 30 MILAGA papers. in 72 h filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within MoKIA NO X YES letely Don NAME OF First OATE Middle Year Last Month Cav DECEASED ÖF Car DEATH (Type or print) RRIS 1966 FF627 executed 6. COLOR OR RACE **√е**то∨е 5. SEX OATE OF BIRTH AGE (In years | IF UNOER | YEAR | IF UNDER 24 HRS 7. MARRIEO NEVER MARRIED iast birthday) Months Davs Hours WICOWED DIVORCEO I 10a. USUAL OCCUPATION (Cive kind of work done) during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) Sicrem frase 豆 10b. KIND OF BUSINESS OR CITIZEN OF WHAT 12. þ INCUSTRY соцытву? c Health Service TATHER'S NAME death certificate been signed by the attending physical the burial-transit permit. Then physical to burial, cremation, or removal, a 14. MOTHER'S MAIOEN NAME Harris Pauline Draper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) McDariel Md. Harris INTERVAL BETWEEN ONSET AND DEATH CAUSE OF OEATH [Enter only one cause per line for (a), (b) and PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which rise to immediate DUE TO cause (a), stating the underlying cause last. as. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. certificate hished for use of Health p PERFORMED? PHYSICIAN: The YES NO [ 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) detached f te Dept. of MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While After Id be d **Not While** 152m. 19 at work at work certify that (I) (this hospital). attended the deceased from മ Hoel th DIRECTOR Ige 3 sho led with t M, from the causes and on the date stated above. saw the deceased alive and that death occurred at SIGNATURE 22b. DATE SICNEO page ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. 4 may HOSPITAL FUNERAL PHYSTCTAN'S 22d. ADDRESS director, p should be f NAME (Type) 23a. BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 9 Fort Lincoln
ADDRESS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY RECISTRAR 25b. VR A15 (4)

20M 1/65

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1 .	(A)	MARYLAND STATE DEPARTMENT OF HEALTH
. 7	YI)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  (5.963)
24 hours after death filled in by the funeral	deat	1. PLACE DF DEATH 6. COUNTY 7. STATE 8. COUNTY 9. STATE 9. COUNTY 1. PLACE DF DEATH 9.
er d	ter d	e. COUNTY Talbot MARYLAND B. STATE Manuland b. COUNTY Talbot
s after by the	s aff	b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)
ours I ai	hour	Faston 48 hrs. Easton
24 ho	i, and in any event, within 72 hours after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET AOORESS  e. IS RESIDENCE ON A FARM?
hin ely 1		3. NAME DF First Middle Last 4. DATE Month Oay Year
executed within	nt, w	(Type or print) Thomas Leray Haupth DEATH 4 8 1966
Par Par	e ve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. OATE OF BIRTH 9. ACE (In. years I FUNDER 1 YEAR I FUNDER 24 HRS.
Se de la companya de	any	male white WIOOWED OWORCED 10/16/1907 64 yrs.
icate be physician	E ii	10a. USUAL OCCUPATION (Cive kind of workdone industry) 12. CITIZEN OF WHAT during most of working life, even if retired)  Painter  10b. KIND OF BUSINESS OR INDUSTRY  11bot Manyland  12c. CITIZEN OF WHAT COUNTRY?
ate	<u></u>	Painter   Ialbot Manyland   USA   13. FATHER'S NAME   14. MOTHER'S MAIOEN NAME
rtific Then	NO E	Arzah Howeth Mary E. Faulkner
T ce tendi	or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown)   (If you give war or dates of service)
death e ath	on,	no 212-14-2840 Mrs. Anna Willey, Oxford, Md.
the cycle	шat	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:    DEATH WAS CAUSED BY:
hat cian	, cre	IMMEDIATE CAUSE (a)
es t physi sign	uria	Cenditions, If any, which (b)
ing l	10	gave rise to Immediate ( cause (a), stating the OUE TO
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The law requires that the death certificate be or attending physician. Cate has been signed by the attending physician the as the hirral-transit permit. Then please	世	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)  19. WAS AUTOPSY PURFORMED?  YES NO  OR CONTRIBUTING CAUSE OF GEATH  OR CONTRIBUTING CAUSE OF GEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
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NG Dy I	State	While Not While   Identify at ear, which will be at work
OR ATTENDING F	the	21. I certify that (I) (this /0sp(tall/attended the deceased from
ATT retg	with	saw the deceased alive on the date stated above.  22a. SICNATURE  22b. DATE SICNED
y be	led	M.D. ATTENDING MED. STAFF X SAFF X SA
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifica Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending phylician has a the hirial-transit permit. Then the distance of a should be datashed for use as the hirial-transit permit.	pe t	22c. PHYSICIAN'S NAME (Type) = 1 H Si Amidt 22d. Appress 1
O HOS Page	ould	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, Jown or county) (State)
01 01 01 01 01 01 01 01 01 01 01 01 01 0	N C	Burial 4/11/1966 Spring Hill Easton, Nd.
	1/1	24. FUNERAL DIRECTOR ADDRESS 125a. REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE
VR AI5 ( 20M 1/6	4) (	Maurice - Milinam + Der Caskon / KA DATTAPR 1 1 1966 Palantes Judga -



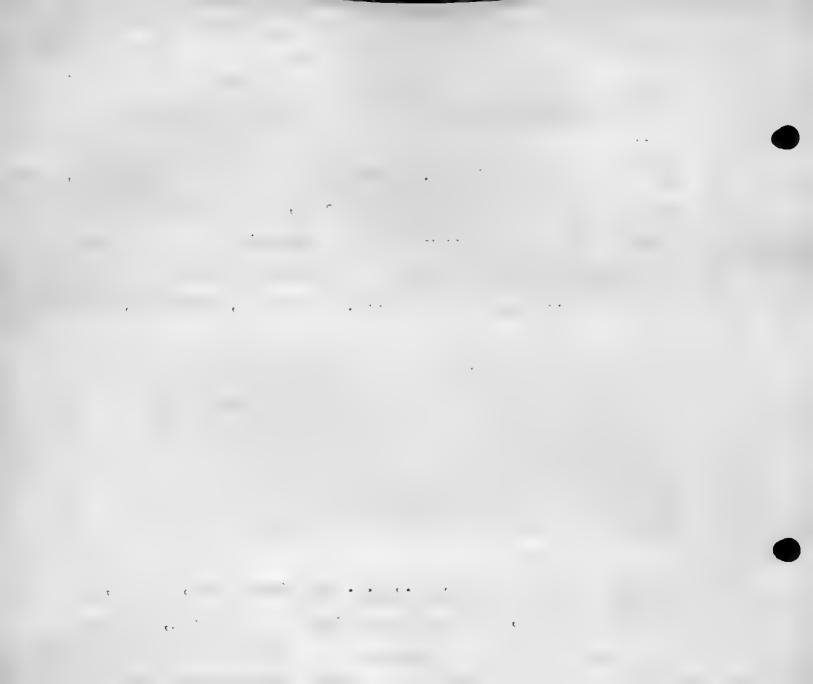
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) n. COUNTY b. COUNTY Talbat <sup>독</sup> 그 속 MARYLAND Marvland Talbot by the b. CITY OR TOWN (if outside corporate limits E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Michaels .⊆ Life. Michaela Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE papers Pag in 72 hours ON A FARM? 204 E. Chestnut YES I NO TX 3. NAME OF First Middle DATE Day DECEASED OF HUNT (Type or print) April 11, 19 66 DEATH e attending physician and com Then please remove carbon p 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS (ast\_birthday) Months Male 26. 1874 May WIDOWED IT DIVORCED [7] certificate 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Waterman eafeed Talbet Co. . Maryland 13. FATHER'S NAME Levin S. Hunt Barteenea Brumwell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Robert Hunt. 7269 by the Michaels. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) been signed cremation, burial-transit DUE TO affending Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO NO prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part For Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f, (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. et work al work p.m. .196.62, and that death occurred at 9 P.M. from the causes and on the date stated above saw the deceased alive on 22a SIGNATURE 22b. DATE MED SIGNED PHYS. DIRECTOR death. Page 4 PHYS. M.D. irector, page a filed with the 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) St. Michaels. 238. BURIAL, CREMATION, | 23b. OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) の音器 Camaley 1966 Stevensville, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ·APR **VR A1S (4)** 20M 5-63

DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission a. COUNTY Talbot b. COUNTY albot MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Royal Rural - Royal Oak d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? papers. n 72 hoi NO V 3. NAME OF First DATE Yeer Middle Month DECEASED OF (Type or print) FRANCES DEATH JOHNSON 19 66 carbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS physiciansahe lest birthday) Months The law requires that the death certificate Female WIDOWED T DIVORCED Dec 940 IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY ; 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired? Georgia
14. MOTHER'S MAIDEN NAME Housewife USA please and in 13. FATHER'S NAME has been signed by the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Annie Cerwin removal, Address (Yes, no, or unkown) | (Ifvesqivewerordatesolservice) Royal Oak, Maryland permit. Ann Lavman. physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ŏ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, as the burial-transit the hospital or attending Conditions, if env. which gave rise to immediate cause (e), steting the underlying ceuse lest. PHYSICIAN: DIRECTOR: After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION prior NO ρ 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) of Health OF CONTRIBUTING CAUSE OF DEATH detached IF EITHER, NOTIFY MEDICAL EXAMINER be retained by ATTENDING (Steta) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, form, , 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work n.m. 8 21. | certify that (I) (this hospital) attended the deceased from. State 30M. from 1900, and that death occurred at the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED TO FUNERAL

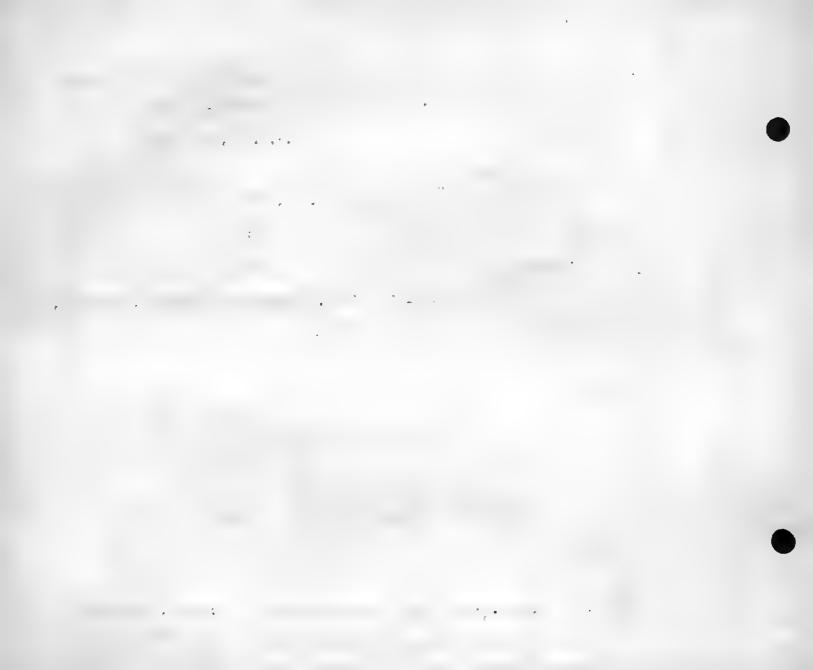
director, page 3
be filed with the TO HOSPITAL DIRECTOR PHYS. PHYS. Page M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Talbettewn Lane, Easten, Maryland Jr. (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 16,1966 Spring Apr Cemetery Easten. Maryland 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 20M 5-63



1 13/		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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rs afte by the Pages urs aft		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
24 hours filled in by papers. Papers.	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS   e. IS RESIDENCE
fille pape tin 73		Memorial Hospital 109 GOLDSBORD YES NO P
executed within 24 hours and completely filled in by remove, carbon papers. Page n any event, within 72 hours	3.	
≥ psz===	5	(Type or print) E Percival Jump   DEATH Clory 5 1966
executed and con remove.	"	Months Days Hours Min.
	10	. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
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ificat g phy en p	13	FATHER'S NAME
nding rem	15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17. INFORMANT Address MUNSEY BLOS
that the death certificate be escious. Sician, gred by the attending physician al-transit permit. Then please al, cremation, or removal, and in	(Yı	15, no. of unknown) (If yes give war or dates of service) (68-05-4375- GEO. V. PARKHURST BALTIMORE MS
the de		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]
at the sian, of by transtrans crem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Bronchopneumonia (Zureako
hysic signe prial-		Cenditions, if any, which \ (a)
requires ding phy been sig the buri		gave rise to Immediate ( (0)
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he la or att ste ha use a	ERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED 1.
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PHYSICIA the hospi this cerl detached e Dept. of	0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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ATT reta reta 8 sh with		saw the deceased alive on 4 - 3 1966, and that death occurred at 9 M, from the causes and on the date stated above.
y be oils		Robert W. Trever M.D. ATTENDING MED. MED. STAFF 4/4/66
HOSPITAL age 4 may FUNERAL rector, pa		22c. Physician's Robert W. Trever M. D. Easton, Maryland 4/4/66
TO NO Page TO FUI direc	238	BURIAL OREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 3-6-66 Rund Acta
P	24	
VR A15 (4) 20M 1/65	_	Clarker Carlos Int. 1966 Charles Judge



10	MARYLAND STATE DEPARTMENT OF HEALTH	544 4445
_ (M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH	RYLAND 508%
hours after death, a in by the funeral rs. Pages 1 and 2 hours after death.	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Institution: Resi a. COUNTY  a. STATE b. COUNTY	oline
fille pape in 7.	MEMORIAL R.F.D. #2, Box 117 A	ON A FARM?
recuted within and completely smove carbon gany event, within	3. NAME DF DECEASED (Type or print)  5. SEX   6. COLOR OR RACE   7. MARRIED   18. DATE OF BIRTH   9. AGE (In years IF UNDER 1)	Day Year 4 1966 YEAR IF UNOER 24 HRS.
and	M WIDOWED OIVORCED Dec. 28, 1883 last birthday) Months Di	ays Hours Min.
and and	during most of working life, even if retired)  Farmer   INDUSTRY   COUNTY   Farming   Austria	NTRY? USA
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nat the death certification. Cian. ed by the attending phy transit permit. Then p , cremation, or removal,	15. WAS OECEASED EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no, or unknown)   (If yes give war or dates of service)	
dea the a	No 215-50-9104 Mrs. Thomas Kotula, Denton, Mary 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
w requires the tending physical search sign as been sign as the burial prior to burial	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)  Caraca ary atheros elevatic head lineare and any analysis of the caracacteristics of the caracacteristics are caused to the caracacteristics of	ONSET AND DEATH
The Tor are ate use	TEO	PERFORMED?
PHYSICIAN: the hospital this certific detached for Bept. of He		
ING I by Affer be Stat	20c. TIME OF INJURY Month, Cay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, land)   20f. (City or town) (Count factory, street, office bldg., etc.)   20f. (City or town)   (Count factory, street, office bldg., etc.)   20f. (City or town)   20	y) (State)
OR ATTENIOR OF ATTENIOR OF ATTENIOR OF STATENIOR OF STATE	21. I certify that (I) (this hospital) attended the deceased from 13 4 1966, to 14 4 1966 and that death occurred at 3 M, from the causes and on the 22a. SIGNATURE  M.D. ATTENOING MEO. STAFF 22b. OAT ORECTOR PHYS.   12d. ADDRESS	
HOSPITAL age 4 may FUNERAL D rector, pag nould be fille	NAME (TYPE) HURSTON HARRISON Caster, Many land	
TO HOSP Page 1 To FUNI directle should	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Preston, Maryland Purial April 16,1966 Junior Order Cemetery Preston, Maryland	
VR ALS (4)	FUNERAL DIRECTOR Level Home Tredendaling ARR 19 1966 Charles	signature such :
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05971 CERTIFICATE OF DEATH funeral death 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) b. COUNTY within 72 hours after MARYLAND by the Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b hours STRICKAELS ST. MICHAEL ,E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? NO 🗵 YES executed within maletely 3. NAME DE Middie Last DATE Month Day Year First DECEASED OF DEATH APRI 210 6 F 19 (Type or print) 5. SEX ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED **NEVER MARRIED** ant DIVORCED nding physician a Then please re removal, and in a and in 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Cive kind of work done 11. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY ST. MICHAELS. MILLORY WORKER 1000 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Then GEDRGE ANNA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. burial-transit permit. burial, cremation, or (Yes, no. or unkown) ((f yes give war or dates of service) death 7.03-1583A the INTERVAL BETWEEN DNSET AND QUATH 18. CAUSE OF DEATH [Enter only one cause per line for (a). (b) and (c) this certificate has been signed by the letached for use as the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a the hospital or attending physician. Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating as the underlying cause last, CERTIFICATION WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. detached for use e Dept. of Health NO X YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) After Id be d Hour a.m. While Not While ould be the State OR ATTENDING p.m. at work at work be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the LG that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 66 and that death occurred a from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR Page 4 may PHYSICIAN'S 22d. **ADDRESS** 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23b. During en 25b. REC'D BY REGISTRAR REGISTRAR'S SICNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) 1966 15M 4-64



1 (1)		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= = N	1	05972 CERTIFICATE OF DEATH
24 hours after death. filled in by the funeral namers. Pages 1 and 2 in 72 hours after death.	1.	PLACE OF DEATH a. CDUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE M. p. CDUNTY  D. CDUNTY
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urs and urs an		write RURAL and give nearest town)  EASTON  Maniel
thought house feet in 172 hours.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  e. IS RESIDENCE DN A FARM3
in 24 fill y fill had		/// Propietal / YES NOW
executed within and completely remove carbon prany event, with	3.	NAME DF DECEASED First Middle Last 4. DATE DF Month Day Vear DF (Type or print) F-Stelle Legipolu Lotten DEATH DEATH DEATH DEATH DOI 1 0.00
ted comp	5.	(Type or print)  SEX  6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH  9. ACE (In years   FUNDER 1 YEAR   FUNDER 24 HRS. last birthday)   Months   Days   Hours   Min.
xecu and emor		TEMOLE (UT) + WIDDWED E DIVORCED   \U/O/1/30   XY   ML VICE
2 2 2	10a dur	I. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired)  10b. KIND DF BUSINESS DR III. BIRTHPLACE (County & State, of foreign country)  11c. CITIZEN DF WHAT COUNTRY?
ate al. are	13.	Housework  Philadelphia Pa USA  FATHER'S NAME  14. MOTHER'S MAIDEN NAME
rtific ing p Then		George A. Leinau Fannie Melick
h ce tendi iit. or re	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown)   (If yes give war or dates of service)
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law requires that the death certificate be executed within 24 hours after ttending physician. The standing physician and completely filled in by the sas the burial-transit purmit. Then please remove carbon papers. Pages 1 prior to burial, cremation, or removal, and in any event, within 72 hours after the standard of the same standard of the same standard of the same standard of the same same same same same same same sam	П	18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c), 1  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND DEATH
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DING PHYSICIAN: The law is by the hospital or attent After this certificate has id be detached for use as e State Dept. of Health prior	CERTIFICATION	20a. ACCOUNT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CDAORIBUTING TO CAUSE OF DEATH (IF EVINER, NOTIFY MEDICAL EXAMINER)
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NG Po by the ter ter t	MEDICAL	Hour a.m. While Not While fectory, street, office prog., etc.)
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ATTI retar short		saw the deceased alive on 1966, and that death occurred at 5M, from the causes and on the date stated above.
DIR DIR		M.D. ATTENDING MED. STAFF U 5-2-66
FITAL F. mar F.		/ 22c PHTSICIAN'S NAME (Type) 22d. ADDRESS
O HOSPITAL Page 4 may D FUNERAL director, pa	238	R. Lane Wroth M. D. St. Michaels, Md. 5/2/66  BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN. The law Page 4 may be retained by the hospital or attent or FUNERAL DIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health price		(REMOVAL (Specify) 5/2/1966 Fort Lincoln Wash. D.C.
H	24	OUNERAL DIRECTOR ADDRESS 258. REC'D BY RECISTRAR'S SIGNATURE
VR AIS (4) 1/65	1	Jacobs Linkermannon ~ 401000 1000 1000 4 1966 Charles Judge

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1 4	MARYLAND STATE DEPARTMENT OF HEALTH
-CM	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH
after death. the funeral ges 1 and 2 after death.	1. PLACE OF GEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLANO  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
24 hours filled in by apers. Pa n 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESPONDED  ON A FARM?
within 2 pletely fi arbon pa nt, within	3. NAME OF First Middle Last   4. DATE Month Day Year
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executed and com remove c	5. SEX   6, COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
sician and in	10a. USUAL OCCUPATION (Give find of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT  COUNTRY?  APPORE R
<b>18. 18. 19.</b>	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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ulres that the death c g physician. on signed by the attenc burial-transit permit. burial, cremation, or r	18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c). I  PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My carelia linear
The law regulres that the or attending physician. Sate has been signed by the use as the burial-transit ealth prior to burial, crema	Conditions If any which is the first
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SICIAN: hospital s certifi ched fo ched fo	20a. ACCIOENT WAS UNDERLYNG   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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ENDIN ined b IR. Aft ould b the St	21. I certify that (I) (this hospital) attended the deceased from 1945, 1930, to 14-12, 1966, that (I) (we) last
ATTE retair CTOR Shou	saw the deceased alive on 1 1966, and that death occurred a P.M. from the causes and on the date stated above.
oge See view	M.O. ATTENOING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
Page 4 may O FUNERAL director, pa	Jame Typey m Reesen & Atmichaely ma
Pa 10 Pa	233 BUNTAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  READYAL (Specific 4-16-66 B) (State)  24. FUNERAL DIRECTOR 1250 REGISTRAR'S SIGNATURE
VR A15 (4)	24. FUNERAL OIRECTOR AODRESS AODRESS AND APER 19 1966 ACLIANCE SUGNATURE
20M 1/65	The state of the s



0-	13		MARYLAND STATE DE  QIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH	ARDVI AND
	=24	Q:	CERTIFICAT		(1597)
after death.	and 2 and 2 death.	T.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
ē	e + -	_	TALBET MARYLAND	a. STATE MARYLAND b. COUNTY TA	1_807
rs af	by the Pages urs aft		b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
24 hours	filled in papers. P in 72 hou		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, glye street address)	d. STREET ADDRESS	e. IS RESIDENCE
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requires that the death certificate be executed within ding physician.	completely of carbon p event, withi	3.	DECEASED	Last 4. DATE Month	Oay Year
e d	comple cark event,	5.	(Type or print) TAMERTY	MARVEL DEATH MPRISE!	196-6
ecut	and		7. MARRIED NEVER MARRIED OIVORCED	Alice of Control   last birthday)   Months	Days Hours   Min.
9	E 9 E	10: dui	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. C	ITIZEN OF WHAT
ite b	physician in please r	7	RES. HARAWARE TAMPLEMENT CO	1 /HILADEL PHIA PA G	73: A
‡į Įįč	rding ph Then removal	1	NENIE 10 MADIEL	14. MOTHER'S MAIDEN NAME	11720
J Cel	attending plermit. Then in, or remova	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. s, ng, of unkown) ((1) yet give war or dates of service)	INFORMANT Address of [	S WASHING.
death	e att		Ne 218-13-95 2/19	RS, JAMES D. MARVEL JEA	577 N. M. 9
the	by th nsit		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	1 +1 2-1-1-1	INTERVAL BETWEEN ONSET AND DEATH
inat ician	tra  -tra  , cr		IMMEDIATE CAUSE (a) Carcinoma	of the prosecut	- 7 year
res i	sign Sign Suria Suria		Cenditions, If any, which (b)		
requi	been the ir to		gave rise to immediate cause (a), stating the DUE TO		
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PHYSICIA the hospi	tache Dept.			CE OF INJURY (Home, farm,   20f. (City or town) (Cou	inty) (State)
	e de de de la company de la co	MEDICAL	Hour a.m.  P.m.  19  While  Not While  facto  facto	ry, street, office bidg., etc.)	iiiy) (state)
OR ATTENDING	he Si	22	21. I certify that (I) (this hospital) attended the deceased from	Que 1965 to 18 apr 196	C, that (I) (we) last
ATTE	CTOR Short		saw the deceased alive on 15 4 1966, and that	t death occurred at 📈 4 M, from the causes and on th	he date stated above.
	Bee 3		Atipher of Carned M.O.	ATTENOING - MED: - STAFF - 4	ATE SIGNED
ITAL	RAL r, pa be fil		22c. PHYSICIAN'S NAME (Type)	22d. AODRESS	
HOSPITAL Page 4 may	TO FUNERAL DIRECTOR. After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or	232		OR CREMATORY   23d, LOCATION (City, town or cou	inty) (State)
2	<b>₽</b> ₽ ~		(BURIAL, CREMATION, 230. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	HILL EASTON	MZ
	1-1	24	FUNERAL DIRECTOR ADDRESS -		S SIGNATURE
	AI5 (4)		1 Stee Sout Carlos, 1	MA DATAPR 21 1968 fclient	es Judges

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competers filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event—within 72 hours after death.

75	\		PARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
۱	15	)5975 CERTIFICAT	
1	1.	PLACE OF DEATH 2, COUNTY	2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission)
	_	IAIDO/ MARYLAND	a. STATE Maryland b. COUNTY Talbot
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If distalce corporate limits, write RURAL and give nearest town)
	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stress address)	d. STREET ADDRESS   e. IS RESIDENCE
7		MEMORIAL	Oaklands Oaklands
	3.	NAME OF First Middle DECEASED	Last 4. OATE Month Day Year
	s -	(Type or print) $\angle ALLIE HURI$	MEHDOR DEATH TIPP. 7 1966
	J.	5. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCEO DIVORCEO	8. DATE OF BIRTH O.T. 4, 1892  9. AGE (In lears   IFUNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.   Age   Min.   Mi
	10a dur	USUAL OCCUPATION (Give kind of work done Ing. most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	73	Farming Dairy	Bedland Va USA
	100	Lerou W. Hurt	Etta Martin
	15.		INFORMANT Address
		226-52-6203(1)	Mrs. Gilbert Woodford, In Easton, Md.
		18. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	ļ	IMMEDIATE CAUSE (a)	Ebral Arthy Thrombosis 4 acy)
1		Cenditions, If any, which ) OUE TO Phillipping	atterns clerosis 4 ps.
		gave rise to immediate cause (a), stating the DUE TO	
1	z	underlying cause last. (c)  PART IL-QIHER SIGNIFICANT CONOTTIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMUNAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	FICATION	Diche les Welli'tus	PERFORMEO? YES NO
	CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
		OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	Hour a.m. While - Not While - facto	CE OF INJURY (Home, farm, ry, street, office bidg., etc.) (City or town) (County) (State)
	Σ	p.m. 19   at work	4 9 1968 to 4 9 , 1966 that (I) (we) last
		saw the deceased alive on 19 0 and that	t death occurred at 93 M, from the dauses and on the date stated above.
		22a. SIGNATURE	ATTENDING MEO. STAFF
		22c. PHYSICIAN'S MD	). PHYS.   OIRECTOR   PHYS.
		NAME (Type) S. KRECH, JR.	EASTON, Md
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	6
	,24	Burnial Greeter 4/13/1966 Burt Family ADDRESS	(emetery Goodview, Va."
	1/6	ruju to being we Son to 40 tow,	MO. APR 12 1966 Climber Judge

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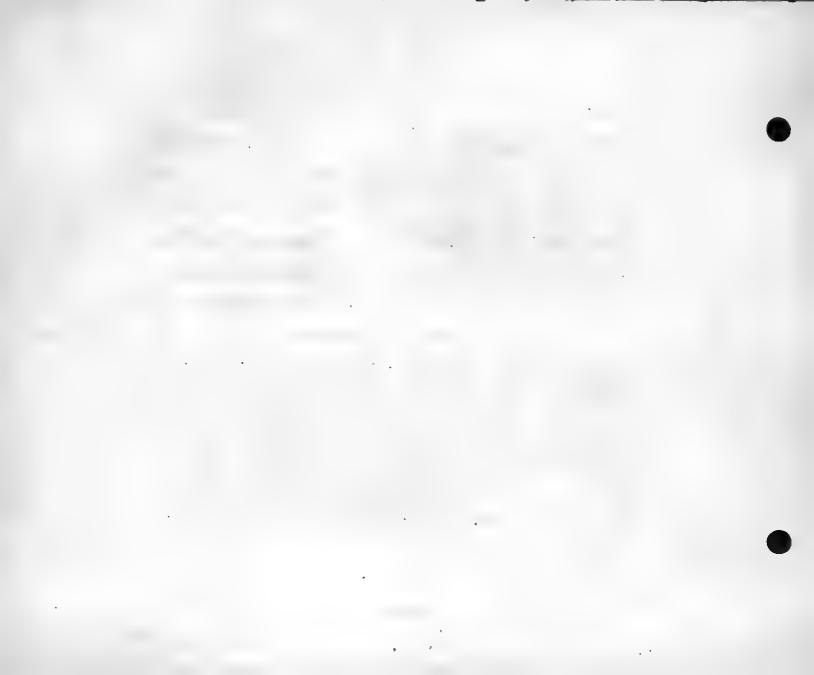
1 2		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	YLAND
E TO M	1	05976 CERTIFICATE OF DEATH	5973
24 hours after death filled in by the funeral angers. Pages 1 anger n 72 hours after death	1.	Admirit	ice before admission)
by the f Pages 1 urs after		TA160+ MARYLAND A. STATE MAC. S. COUNTY /CCC	vat
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hours a d in by irs. Pag 2 hours a	$\vdash$	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
fille pape		Memorial Hospital	YES NO
executed within 24 hour fang completely filled in remove carbon papers. In any event, within 72 hour	3.	NAME DF First Middle Last 4. DATE Month Da	ay Year
ed w	5.	DECEASED (Type or print)  SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (19 years   IF UNDER 1 YEAR)	1966 IR IF UNDER 24 HRS.
ecute my eve		Pemala Dana Windwen To Days	
		AND USUAL OCCUPATION (Give kind of work done) 100 KIND OF BUSINESS OR II. BUTHPLACE (County & State, of foreign country) 12. CITIZEN COUNTRY COUNTRY	N OF WHAT
ficate be execut physicians and en please removers, and in any		Whatertee Valoren Somewer med -	1124
certifica Iding ph Then removal	13	TATHER'S NAME	•
cert andin L. Th	15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. UNFORMANT  es, me, or unknown) ((If yes give marpy dates of service)	
eath atte	(1)	no 320-01-1865 Kuth ward morestawa	11.
he d y the sit p matin		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), p PART I. DEATH WAS CAUSED BY:  ON  ON	TERVAL BETWEEN
hat t cian. ed b tran , cre		9114	5 rego
res the sign sign urial urial urial		Cenditions, if any, which (b)	
equiting 1		gave rise to immediate cause (a), stating the DUE TO	
ttend thas has as t as t prior	N N	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	, WAS AUTOPSY
The law requires that the death certificate be or attending physician. cate has been signed by the attending physicial r use as the burial-transit permit. Then pleast eaith prior to burial, cremation, or removal, and	CATIO	Cerlhia & Thin bris & Rt. hemiplegia & apliania	PERFORMED?
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifica Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending platicetor, page 3 should be detached for use as the burial-transit permit. Then should be filled with the State Dept. of Health prior to burial, cremation, or remova	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Efter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYSII this this etach Dept	1		(State)
by the de	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work factory, street, office bldg., etc.)	
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y be DIR age		Thur, the Haman M.D. ATTENDING DIRECTOR PHYS. 11 Af	266
SPITAL 4 ma 1ERAL tor, p		1 22c. PHYSICIAN'S NAME (Type) THURSTON HARRISON 22d. ADDRESS Law hour Cand	
O HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	23	BURNATOR, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	C(State)
	24	ADDRESS 125a, REC'D BY REGISTRAR 1 25b, REGISTRAR 3 SIG	ANATURE
VR AIS (4)	-	Kemer & 1/20 biell Eastin m. S. DATE APR 19 1966 yellowles	Judge
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1	,	MARY DIVISION OF STATISTICAL RESEA	<b>LAND STATE DEP</b> RCH AND RECORDS.			. MARYLAND
£ 700 X	0	5977 /Itam	CERTIFICATE			05973
hour after math.  of in by the funeral irs. Pages 1 and 2. 2 hours after death.	1.	PLACE OF DEATH a. COUNTY	2 P L L (12) / 3		(Where deceased lived, If institution	1: Residence before admission)
6 0 a		10-two1	MARYLAND	a. STATE	RYhard b. COUNTY T.	
m after by the Pages J urs afte		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		utside corporate limits, write RUF	RAL and give nearest town)
hou d in rrs. 2 hou	-	d. NAME OF HOSPITAL OR INSTITUTION (if not In hos	spital, give street address)	d. STREET ADDRESS	rsville	e. IS RESIDENCE
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executed and care remove n any even	-	Omale Alegeo WIDOWED	NEVER MARRIED 8	DATE OF BIRTH	Con Jast Birthday) Month	DER 1 YEAR IF UNDER 24 HRS. IS Days Hours Min.
E E E	102	7,100	OF BUSINESS OR	11, BIRTHPLACE (Cour	o 7 / D yrs.   let & State, or foreign country)   12.	. CITIZEN OF WHAT
cate be physician please ai, and ii		HODORER C	o nestro	Maryle	and	COUNTRY?
fficati g phy en pl ovai,	13.	FATHER'S NAME OF LOCK TO	0111	14. MOTHER'S MAIDE	NAME STORY	
certifica nding pt Then remova	15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. S	OCIAL SECURITY NO.   17.	SUVELE INFORMANT	6: / Ollet CL	_
The law requires that the death certificate be or attending physician, are has been signed by the attending physician use as the burial-transit permit. Then please alth prior to be in cremation, or removal, and the contract of the contrac	(Ye	i, wo, or unkown) (If yes give war or dates of service)	17-35-702	1111 UNITARIU	Nout 633	
requires that the death miding physician. Seen signed by the att sthe burial-transit permior to berial, cremation,		18. CAUSE OF DEATH (Enter only one cause per lin	g for (a), (b), and (c). ],	1. (1	. / /	INTERVAL BETWEEN
at the can.		PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	esio sc/200	tie Heas	of Mislase	ONSET AND DEATH
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aw rectendir the second rectend rectendir the second rectend re		cause (a), stating the DUE TO underlying cause last.				
e lavratter atterie ha	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO FEATH BUT NOT RELAT	EO TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMEO?
te Thail on all on the all the all the all	FICE	20a. ACCIOENT WAS UNDERLYING 1 20b. DI	aldolles &	5/7019	njury in Part I or Part II of Item	YES NO 🗍
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AL OR nay be in DIR page filed		ensin	M.D.		RECTOR PHYS.	April 66
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Or EUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre		22c. PHYSICIAN'S NAME (Type)	Salarial	22d. ADDRESS	to Myz	1/2/20
Page 4 ms Page 4 ms O FUNERAL director, p	23a		23c. NAME OF CHMETERY	OR CREMATORY	23d. COCATION (City, town or	county) (State)
10 To de		Bureal 4-11-66	plachelas	· Cemetery	Talkat	md
at	24	TUNERAL DIRECTOR	ADDRESS	APR 1	2 1956 Peliane	AR'S SIGNATURE
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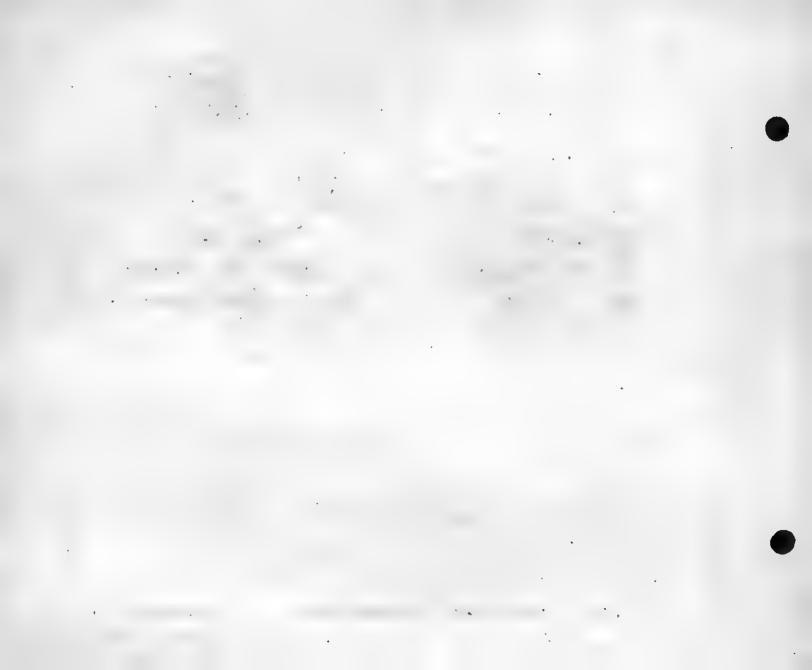


<b>3</b>	MARYLAND STATE DEPARTMENT OF H DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON :	IEALTH STREET, BALTIMORE 1, MARYLAND
Se and	5978 CERTIFICATE OF DEATH	05973
24 hours after death. filled in by the funeral apers. Pages 1 and 2 h 72 hours after death.	e chinty	Where deceased lived, If Institution: Residence before admission
after the f	TALBOT MARYLAND	YEAND B. COUNTY TALBOT
rs af Page urs a	write RURAL and give nearest town)	(side corporate limits, write RURAL and give nearest town)
hours a in by rs. Pag	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, glys street address) d. STREET ADDRESS	e. IS RESIDENCE
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ithin the state of	NAME OF DECEASED A First Middle Last 4.	
comple even,	(Type or print) YITA ERNESTINE NEVIUS	DEATH 17/2/2 1966
The law requires that the death certificate be executed within or attending physician. cate has been signed by the attending physician and completely r use as the burial-transit permit. Then please remove carbon ealth prior to burial, cremation, or removal, and in any event, with	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIGOWED OIVORCEO SEPT 1718	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last pirthday) Months Days Hours Min.
icate be er physician a please m	uring mast of working life, even if retired)   INOUSTRY //	y & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate hysic plea	TOUSEREEPER CHIN HOME. JALBET  3. FATHER'S NAME  14. MOTHER'S MAIOEN	NAME OF DESCRIPTION OF THE
tific ng p hen mova	CLIVER H. HENRY MARTHA	TARR
endii it. T	5. WAS DECEASED EVER INU.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (es, no, or/ankown)   ((fyes give war or dates of service))	Address
death certi he attending permit. Th	NO 213-01-8155 KENALD ANE	EVIUS TASTON, N/S
y the sit purificular	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND OFATH
hat t cian. ed b tran	IMMEDIATE CAUSE (a) Calculation of The Control of T	suddle
ires that the death certifica physician. signed by the attending ph burial-transit permit. Then burial, cremation, or removal	Conditions, if any, which ) (b) alkers clerases of the ex	rowary articles (?1
requir ding p been the b rr to b	gave rise to Immediate Cause (a), stating the DUE TO	
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ICIAN: The Is ospital or ati certificate hed for use or, of Health i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  20a. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of In) OR CONTRIBUTING   CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMEO
CIAN: The Spital or a certificate red for use to Health	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of in)	ury in Part I or Part II of Item 18.)
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<b>a</b> ≥ e e ≥ e e	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  while at work at work	20f. (City or town) (County) (State)
55 45°°	21. I certify that (I) (this hospital) attended the deceased from 24 up. , 194	4, to 14 apr. 1966, that (1) (we) last
ATTE retail	saw the deceased alive on 1776 1966, and that death occurred at 22a. SIGNATURE	M, from the causes and on the date stated above
LLI (1) 3h	ATTENDING - MED	
O HOSPITAL OR ATTEN Page 4 may be retaine D FUNERAL DIRECTOR: director, page 3 shoul should be filed with th	22c. PHYSICIAN'S / 22d. ADORESS	f- flow land
D HOSPITAL Page 4 may Furerat director, pa	Ba. (BURIAL) CREMATION, 23b., PATE THEREOF   23c. NAME OF CEMETERY OF CREMATORY	23d. LOCATION (City, town or county) (State)
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No Ale (O. Ch.)	(Not sin' Con I Con I Del 1880)	BY REGISTRAR 256. REGISTRAR'S SIGNATURE
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	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
		05979 CERTIFICATE OF DEATH 05978	
700	funeral and 2 death,	1. PLACE OF DEATH  a, COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi	ion
	4	MARYLANO A. STATE Maryland b. COUNTY Caroline	No. of the last
120	by the Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	wn)
		Enston //OA. Rural Greensboro	
	filled apers n 72 l	d. NAME QF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET AOORESS  6. IS RESIDEN ON A FARM	1?
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-	A SHIP	DECENSED OF STREET OF STRE	
3	even even	5. SEX   6. COLOR OR RACE   7. MARRIED 497 NEVER MARRIED 1   8. OATE OF BIRTH   19. AGE (In years   IF UNDER 1 YEAR IIF UNDER 24 H	
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		Retired Section Gang Rail Road   Maryland   USA	
	reminate nding physi Then ple removal, a	13. FATHER'S NAME	
1	ding pl Then remova	John Nichols Florence Price  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	_
	리 환경 등	(Yes, no, or unkown) (If yes give war or dates of service)	
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- 4	em - Sy	PART 1. DEATH WAS CAUSED BY: Metastatic carcinoma of prostate Uncert	H
1	requires that ding physician been signed I the burial-tra ir to burial, cr	1//X DUE TO	4
1	phys phys sig buri	Cenditions, if any, which } (b)	,
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_	or alter alth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL GISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER)	1
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	this this letach	20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State factory, street, office bidg., etc.)	)
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-	R: A suited with the state of t	21. I certify that (I) (this hospital) attended the deceased from	
į	retai retai ECTOR 3 sho with t	saw the deceased alive on	Ve
		Robert W. Traver M.D. ATTENDING   MED. STAFF   4/28/66	
		22c. PHYSICIAN'S 22d. AODRESS 4/28/66	
		Robert W. Trever M. E. Haston, Maryland	_
	Page of FUN directs should	Burial (Specify) 5-1-66   Greensboro   Greensboro, Maryland	
	_	Burial  24. FUNERAL DIRECTOR  AOORESS	_
	VR A15 (4)	John & Boulais Greensboro DAMAY 2 1966 Icharles Judge	
	20M 1/65		=

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If-outside corporate limits) write RURAL and give nearest town) write RURAL and give nearest (town) bon papers. within 72 fic d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO V NAME OF Last 4. DATE Month Day Veal DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months 1 Days WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Cive kind of work done) hysician please r 5 10b. KIND OF BUSINESS OR INDUSTRY 11. BISTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease and ir during most of working life, even if retired) COUNTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unknwn) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c).] INTERVAL BETWEEN n signed by burial-transit burial, crema ONSET-AND DEATH PART I. DEATH WAS CAUSED BY: elen ch IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate the to DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY certificate h hed for use it, of Health p PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II) of Item 18.) etached f Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work b 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9 saw the deceased alive on .M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING 20 DIRECTOR M.D. PHYS PHYS. FUNERAL irector, pa bould be fil PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 FUNERAL DIRECTOR ADDRESS VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution: Rasidence before edmission a. COUNTY Page files. LB MARYLAND 07 44501 b. CITY OR TOWN (if autside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) director. write RURAL and give nearest town) your ST NICHAELS w ō d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE the funeral ON A FARM? after retained State YES NO NAME OF Middle DATE Day DECEASED hours OF i e (Type or print) TER DEATH 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR) IF UNDER 24 HRS тат fast birthday) Months Days Hours. within WIDOWED DIVORCED 2.10 and 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Page or foreign sountry) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-fransit permit Ell. dona during most of working life, even If relired) event 13. FATHER'S NAME in any 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no. or unkown) | (If yes give wer or dates of service) pue is. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** 6 Conditions, if eny, which (6) cremation gave rise to immediate cause "pending" esse execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the undaritying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS CERTIFICATION its designated agent, prior to burial, PERFORMED? NO X YE5 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Pert II of itam 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. **MEDICAL** 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy [ Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER . ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER ö EXAMINER'S NAME (Type 4 should O PUN Health Address (Street, city, town, or county) CREMATION, DATE THEREOF 22e. 22Ь. 22d. LOCATION (City, town, or county) (State) STMOVAD(Specify) D 23. FUNHEAL DIRECTOR ADDRESS 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME SM 1/63

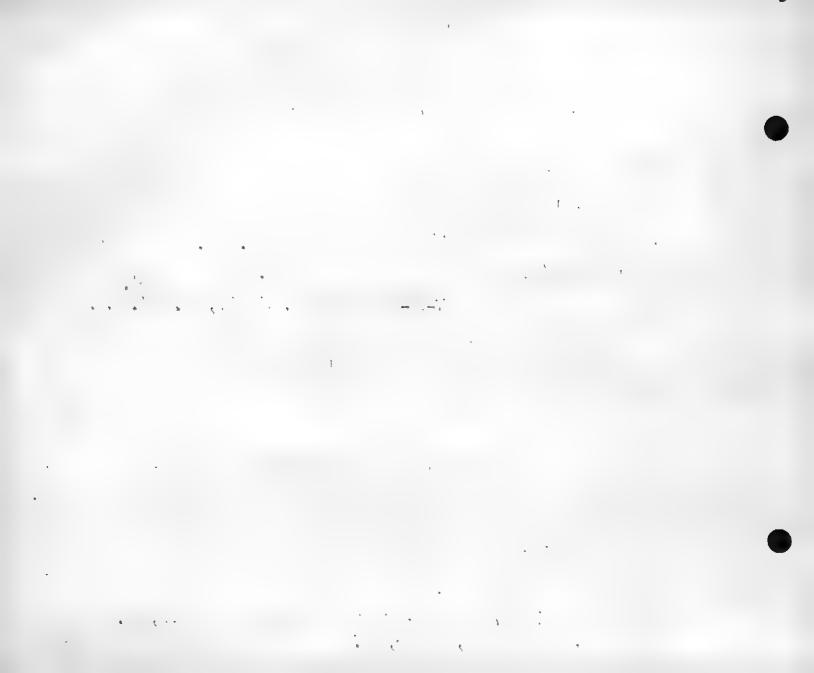


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE **b.** COUNTY ston MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours e carbon papers. Pag vent, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARMA Lee Terrace Memorial Hospital NO ! etely PHYSICIAN: The law requires that the death certificate be executed within completely 3. NAME OF DATE Middle **First** Last Month Day Year DECEASED OF (Type or print) DEATH 19 60 5. SEX 6. COLOR OR RACE DATE OF AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS birthday) last Months Days Hours püe WIDOWED [ DIVORCED [ VIS. 10a. USUAL OCCUPATION (Give kind of work done I physician in please 10b, KIND OF BUSINESS OR ACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY during most of working life, even if retired) oin Machine Business Chinen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending parmit. Ther John Schuu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. ь (Yes, no, or unkown) ((If yes give war or dates of service) cremation. 18. CAUSE OF DEATH [Enter only one cause per live n signed by th burial-transit burial, cremat INTERVAL BETWEEN for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) 400. DUE TO Cenditions. If any, which (b) peen gave rise to Immediate as the b DUE TO cause (a), stating the underlying cause last. certificate has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO F YES 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) tached f OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While fter p.m. at work at work b the 21. I certify that (I) (this hospital) attended the deceased from 1966 that (I) (we) last DIRECTOR: and that death occurred at 1. saw the deceased alive on... 25/KM 1966 M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING 25 Apr M.D. DIRECTOR PHYS PHYS Page 4 may may TO FUNERAL PHYSICIAN'S ADDRESS 22d. director, I should be þ NAME (Type). 23a. BURIAL, CREMATION, 23b. DATE THEREOI NAME OF CEMETERY OR CREMATORY 23d. (State) LOCATION (City, town or county) REMOVAL (Specify) Buria. 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If olitside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACORESS e. IS RESIDENCE ON A FARM? event, within 310 Needwood Ave etely within 3. NAME OF Middle DATE Month DECEASED mas Sulvester (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE AGE (I years | IF UNDER 1 YEAR HF UNDER 24 HRS OATE OF BIRTH NEVER MARRIED last birthday) | Months | Oavs WICOWED [ OIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INOUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, of foreign country) of working life, even if retired) death certificate be and Miller (0 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal Wilhelmine starke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. 50 (Yes, no, or unkown) (If yes give war or dates of service) Nona Sewe cremation. noin signed by the burial-transit is burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO been sig Conditions, if any, which (b) gave rise to Immediate OUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate PERFORMED? YES. D 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) tached f OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, officebldg., etc.) Hour a.m. While Not While at work at work Mospitall aftended the deceased from 19. that (I) (we) last 21. I certify that (f) (rbis 19 DIRECTOR: The that death occurred at 522M, from the causes and on the date stated above. saw the deceased ally 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. OIRECTOR M.D. TO FUNERAL | director, pag should be fill HOSPITAL 22C. PHYSICIAN'S 22d. NAME (Type) LOCATION (City, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. town or county (State) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A15 (4) 20M 1/65

100	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05984 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (15981
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	TALBOT MARYLAND 8. STATE MD TALBOT
essary, o the funeral e 5 may be. Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
esson fune may may partm er dea	NITTMAN RURAL 75 years WITTMAN
3 to tr Page 5 tate De urs aft	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
delay nd 3 to Page State hours	3. NAME OF / / Fixes // Middle Last   4. DATE Month Oay Year
72 all 72	OF THE OF PRINT SHELLER DEATH APRIL 18 19 66
<u></u>	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
モッ는 ~≥	MALE WHITE WIOOWED DIVORCED 12/2//7885 80 yrs.
Give P Give P Fwith 1 and y event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)  11c. CITIZEN OF WHAT COUNTRY?
is aft	13. FATHER'S NAME  14. MOTHER'S MAYON NAME  14. MOTHER'S MAYON NAME
n 24 hours In Item 18 s Office alc All page al, and in a	Jaspen Sheelen Many E" Jou
24 ho n Iten Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
within pencil ir miner's miner's permit.	no 051-18-6597 Walter L. Sheeler, In War. D.C.
d wil	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
"pending" in Medical Exa Medical Exa burial-transit	IMMEDIATE CAUSE (a) ASPHYXIATION
exemple altra	Conditions, If any, which   DUE TO   THRAPPED IN BURNING HOUSE
"pending" "pending" "Medical burial-tran	gava rise to immadiata cause (a), stating the OUE TO
houl ord thief thief isl, (	underlying cause last. (c)
EXAMINER: This certificate should be executed within 24 the certificate, writing the word "pending" in pencil in lishould be forwarded to the Chief Medical Examiner's Off files.  Fil	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 or Part 11 of Itam 18.)  PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB
artific of to be u	208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
R: This cerate, writing forwarded 3 should 1 agent, prince	
te, Thi onwigent	Hour a.m. White stat units of factory, streat, office bldg., atc.)
INER Infica be 1 be 1 ced a	
the certificate the certificate that the certificat	21. I certify that I took charge of the remains described above, held an Autopsy, inspection **, Inquiry, and in my opinion death resulted from: Natural causes Accident ** X*. Suicide Homicide Undetermined manner
the control of the co	death resulted from: Natural causes, Accident ** X*, Suicide, Homicide, Undetermined manner
MEDI Cecute the Page 4 or your L DIRECT or its d	ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
ry Medical Execute Page 1 for you tal DIRE	FOR DEPUTY MEDICAL EXAMINER 4-19-66
D DEPUTY MEDICALEX  please execute the confined for your files  Tetained for your files  FUNERAL DIRECTOR:  of Health or its design	I NAME (Typa)  LOUIS S. WETY Address (Street, city, town, or county)  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
of refree	Bunial 4/22/1966 Charles Evans Cemetery Reading Par
	24. FUNERAL DISECTOR ADDRESS   250, MEGISTRAR   290, DEGISTRAR'S SIGNATURE
VR ALSME (5) S.M. 1/65	MAURICE E. NEUNAM & SON, Easton, Nd. DATE 2 I 1966 Judge



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= = 7	OSSS CERTIFICATE OF DEATH
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ter d	a. STATE Maryland b. COUNTY Talbot
irs after by the f Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
in the hours	EASTON 6 d. Easton
lled pers 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADORESS  e. IS RESIDENCE ON A FARM?
Z ill garage	MENIORIA HOSPITA 302 Oak Ave. YES NOT
ires that the death certificate be executed within 24 hours after death physician.  I signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and burial, cremation, or removal, and in any every, within 72 hours after feath	3. NAME DF DECEASED (Type or print)  WARTE  First  Middle  Last  A. DATE  Month  Oay  Year  DF DEATH APRILE  2.7 1966
ind cecurity	5. SEX   6. COLOR/OR RACE   7. MARRIED   NEVER MARRIED   8. OATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS. last birthday)   Months   Oays   Hours   Min.   65rs.
	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF RUSINESS OR 11. RIRTHPLACE (County & State, or fuzzion pointry) 1.12. CITIZEN OF WHAT
e be	during most of working life, even if retired)  NDUSTRY  Queen Anne  USA
icat phy rn p	13. FATHER'S NAME
Ling The	Hadaway P. Marvel Sally Thomas
tend tend or r	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service)
deal e al perr ion,	No 217-03-5113 Mrs. Loretta Spurry Easton, Md.
the by the ssit	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  ONSET AND DEATH
riat ded the transfer	PART I. DEATH WAS CAUSED BY:  1538  OUE TO  ONSET AND DEATH  Uncertain
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e bu	gave rise to immediate (10)
law requi	cause (a), stating the OUETO underlying cause last. (c)
atte har h pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED /
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TO HOSPITAL OR AFTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED YES NO  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  19. WAS AUTOPSY PERFORMED YES NO  10. CONTRIBUTION OF PART II OF Item 18.)
PHY the this deta deta	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)   4 work   19   at work   19   at work   19   at work   19   19   19   19   19   19   19   1
OR ATTENDING P / be retained by the DIRECTOR: After age 3 should be died with the State	Hour a.m. While Not While pm. 19 at work 11 at work
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Sho sho	saw the deceased alive on
DR be 3	ATTENDING MED. STAFF 1 100166
HOSPITAL Page 4 may FUNERAL O director, pag should be file	22c. PHYSICIAN'S Robert W. Trever  M. d. 22d. ADDRESS RAME (Type) And 4/28/66
HO: Page FUN Poult	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
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	24. FUNERAL DIRECTOR / ADDRESS   25a. REC'O BY REGISTRAR 25b. REGI
VR A15 (4)	Oay W. Leverin Easton, md. MAY 2 1966 Thanks Judge
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1 (	NA	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= =0		05986 CERTIFICATE OF DEATH
after death.	death	1. PLACE DF DEATH   2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
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	ls a	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
g .= .	윤	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS    0. IS RESIDENCE.
24 Fille	hin 72	Memorial Hospital 4.15 5, Liberty VES NO
wited within completely by	event, within 72	3. NAME DF First Middle Last 4. OATE Month Day Year DF DECEASED (Type or print) JULIA SARKS DEATH Abril 2 1966
ted com	ever	5. SEX   6. COLOR OR RACE   7. MARRIED   1. NEVER MARRIED   1. DATE OF BIRTH   9. AGE IN years IF UNDER 1 YEAR   IF UNDER 24 HRS
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ficate be properties of physicials on please for	in b	10a. USUAL OCCUPATION (Give Mid of work done done done) 10b. KIND DF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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aw requires that the death certificate ttending physician. The attending physis has been signed by the attending physis he burial-transit bermit. Then ble	эшat	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:
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equi ling been	r to	gave rise to immediate cause (a), stating the DUE TO
ttent thas	prio	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED?
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TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death c Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director nace 3 should be detached for use as the burial-transit bermit.	t. of H	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)    19. WAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)   10. CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)   10. CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)   11. COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   12. WAS AUTOPSY PERFORMED?   YES   NO X   YES   YES
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MG P by t fter he d	state	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
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ATT reta reta ECTO	with	22a. SIGNATURE 22b. DATE SIGNED
DIR.	led	Alexander ( Annual M.D. ATTENDING MED. STAFF   Fapril 66
HOSPITAL age 4 may FUNERAL	d be	NAME (Type) Stephen P. Carney M. D. Easton, Maryland 5/April/66
Page Figure	shoul look	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Talbox Talbox MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) aston UEGRA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 308 E. Lm Ave." State hours NO C Month 3. NAME OF Middle DATE Year DECEASED Fohriam Spencer 30 19 66 DEATH (Type or print) 2 with within 6. COLOR DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR NEVER MARRIED 8. last birthdey) Months I Davs Hours male WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 20WHRY? t armina Maxuland. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Archibald Spencer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? File 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) permit. removal, pencer, Easton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e) cremation, DUE TO Conditions, If any, which (b) geva rise to immadiate DUE TO cause (a), stating the 100 used as a to burial, underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIA) WAS AUTOPSY CERTIFICATION PERFORMED? YES NO T 200. EXTERNAL CAUSE WAS PRIMARY | or contributing | cause of death. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 3 should tagent, price MEDICAL (Stata) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Cey, Year factory, streat, office bldg., etc.) Hour a.m. Not While While at work at work and in my opinion Inquiry 21. I certify that I took charge of the remains described above, held an Autopsy Inspection DIRECTOR: Undetermined manner death resulted from: ,... Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER YOUT 7 DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER 🖂 FUNERAL | f Health or **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION. REMOVAL (Specify) jo 0 Burial REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ALSME (5) 1/65 Milante Indee 955

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. siMaryland b. COUNTY Kent MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? State hours Cedar St. NO XX YES DATE ZI THE NAME DE First Month Middle DECEASED (Type or print) DEATH 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. NEVER MARRIED 7 last birthday) | Months | Nov. male DIVDRCED WIDOWED [ event 1De. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Maryland Plumbing Contractor 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Lydia M. Schauber Norman Stoops File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 214 34 5117 Lydia Lydia S. Stoops -Rock Hall, Md. no 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Sylens, ve IMMEDIATE CAUSE (e) cremation. **OUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO ceuse (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES [ NO P 2Da. EXTERNAL CAUSE WAS OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of ftem 18.) 2Db. PRIMARY DA OF CONTRIBUTING CAUSE OF BEATH. 3 should basent, price MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year | (County) factory, street, office bldg., etc.) Hour a.m. 400 While Not While ucentonn rehway 19 66 at work et work 21. I certify that I took charge of the remains described above, held an Autobsy Inspection D inquiry . and in my opinion Accident X. Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER your DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 0 DEPUTY MEDICAL EXAMINER. **EXAMINER'S** Centreville director. retained Address (Street, city, town, or county) NAME (Type) A County Address Rodney Layton BURIAL, CREMATION. 23d. LOCATION (City, town or county) REMOVAL (Specify) Chester Cem. Chestertown, Md. 0 11/66 Burial KUNERAL DIRECTOR ADDRESS Chestertown, VR ALSME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05983CERTIFICATE OF DEATH funeral and 2 death, death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY nding physician and completely filled in by the 1. Then please remove carbon papers. Pages 1 removal, and in any event, within 72 hours after hours after Talbet Talbet MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b Write RURAL and give nearest town) Michaels St Michaels d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Rie Vista Nursing Home Marenge YES ND 5 executed within 3. NAME OF First DATE Year Middle Last Month DECEASED EVELYN (Type or print) DAWSON TAYLOR DEATH 1966 5. SEX 6. COLOR OR RACE FUNDER 24 HRS DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) | Months | Davs Hours Female DIVORCED Tob 10. WIDOWED 1879 87 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? Housewife ----Co. Marvl USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME Sallie Kinnamen Hugh Day son 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address TO FUNERAL DIRECTING: After this certificate has been signed by the atten director, page 3 should be detached for use as the burlal-transit permit. should be flied with the State Dept. of Health prior to burlal, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) Ne DAWS Taylor St. Michaels bn INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause der line for (a), (b), and PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 119. WAS AUTOPSY PERFORMED? YES NO 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) EDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, etreet, office-bldg., etc.) Hour a.m. While Not While be retained by ATTENDING at work \_\_\_ at work p.m. 21. I certify that TN (this hospital attended the deceased from Le Ca that (I) (web last and that death occurred at 224M. from the causes and on the date stated above. saw the deceased alive on SIGNATURE DATE SIGNED 22a. ATTENDING Page 4 may P M.D. PHYS. DIRECTOR PHYSICIAN & 22d. ADDRESS NAME (Type) LANE WROTH Michaels. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. DATE THEREOF REMOVAL (Specify) Olivet Cemetery REC'D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 15M 4-64



/1 (1)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	05990 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5987
MEALTH DEPT.	1. PLACE OF DEATH  o. COUNTY  O. STATE  MARYLAND  MARYLAND  2 USUAL RESIDENCE, (Where deceosed lived, if institution Residence be o STATE M. b. COUNTY)	fore admission)
ges 1, 2, and 3 ta form PM3. Page ate Department of haurs after death.	b. CITY OR TOWN (If outside corporate limits, write RURA; and give near RURA; and give	orest town)
ges 1, 2 form form ate Dep	Memoria - Hospital of Institution (If not in hospital give street oddress) d STREET ADDRESS  Memoria - Hospital 77-730x 777	e IS RESIDENCE ON A FARM? YES NO
24 haurs after death if sin Item 18. Give Pages 1, is Office along with form is 1 and 2 with the State Deny event within 72 haurs	3 NAME OF DECEASED (Type or print) Franc C Tourn ON Walter SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 B DATE OF BRTH 9 AGE (In years IFUNDER ) YEAR	Poy Year, 1966 R IFUNDER 24 HRS
1 haurs a stem 18. Office al	Morths Ooy  100 US AL OCCUPATION (G ve kind of work done during most of yorking life, eyearff retired)  100 US AL OCCUPATION (G ve kind of work done life kind of Business OR life Birthplace (State or fore gn country)  110 US AL OCCUPATION (G ve kind of work done life kind of Business OR life Birthplace (State or fore gn country)  110 US AL OCCUPATION (G ve kind of work done life kind of	OF WHAT
pages 1 in any	Dar I Sinder Sett-Emb. Maryland  13 FATHER'S NAME  14. MOTHER'S MAIDIN NAME	1081
cuted with ng" infage dical Exac rmit. File ival, and i	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, qq, or unknown) (If yes give wop or gotes of services) (Yes, qq, or unknown) (If yes give wop or gotes of services) (Yes, qq, or unknown) (If yes give wop or gotes of services) (Yes, qq, or unknown) (If yes give wop or gotes of services) (Yes, qq, or unknown) (If yes give wop or gotes of services) (Yes, qq, or unknown) (If yes give wop or gotes of services) (Yes, qq, or unknown) (If yes give wop or gotes) (Yes, qq, or unknown) (Yes, qq, or	= As# 2
be exe I "pendii hief Mer ansit pe	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).) PART I DEATH WAS CAUSED BY Wide spread metastases from cancer	INTERVAL BETWEEN ONSET AND DEATH
INER: This certificate should be executed within a certificate, writing the ward "pending" infapershauld be farwarded to the Chief Medical Examplifies.  3 should be used as a burial-transit permit. File page nt, prior to burial, cremotion, or removal, and in a	Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse   DUE TO  DUE TO  OF bronchus - brain, etc.	
his certificat ate, writing e farwarded be used as c ta bur al, cr	DOST. (C)  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RIT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVES IN DADT 1/2)	9 WAS ALTOPSY PERFORMED?
This ce ficate, v be fan d be us or ta bu	200 EXTERNAL CAUSE WAS 20th DESCRIPE HOW INVERY OCCURPED LETter nature of yours in Part Lor Part II of item 18.)	YES NO
MEDICAL EXAMINER: This please execute the certificate, directar. Page 4 shauld be fetained far yaur files.  DIRECTOR: Page 3 shauld be used of the prior to be designated agent, prior to be designated agent, prior to be designated agent.	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (nome, form, Hour a m. While Not While foctory, street, office blidg, etr.)	(Stote)
AL EXA execute r. Page far yau rore: Page nated o	21. I certify that I took charge of the remo ns described above, held on Autopsy Inspection , Inquiry , or	nd in my op n on
EPUTY MEDICAL ssary, please exe funeral directar. P sy be refatined far NERAL DIRECTOR th ar its designant	deoth resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined monner .  ACTUAL SIGNATURE . ASS STANT MEDICAL EXAMINER . ASS STANT MEDICAL EXAMINER .	22. DATE SIGNED
	EXAMINER'S NAME (Type) LOUIS B. Welty Address (Street, city, town, or county)	110/66
TO D nece the 5 m TO Fu	230 BUR AL CREMAT ON REMOVAL (Specify April 21,1796 Gen Haven Memilar Gen By REG STRAR 230 REGISTRAS SIGNAL APRIL 230 REGISTRAS S	(Stote)
VR A15ME (5)	24 FUNERAL DIRECTOR  Symplesty of the property	udge.



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00	-				ot in hospital	, give street add	reas)	d. STREET ADDRE	SS		• •	ON A FARM?
0	- 1	VAME OF DECEASED Type or print)	C	laranc	6	M.ddle	Whi	Last <b>tbv</b>	4. DATE OF DEATH	Month 4	Day 21	196
	5.	M M	6. COLO	AV	MARRIED A	NEVER MARRI		ATE OF BIRTH - 120 / 189 !	9.	AGE (In years IF last birthday) Wrs.		FUNDER 24 HRS. Hours Min.
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	13.		am Wh	itby			14	. MOTHER'S MAID				
		18. CAUSE O	(Ifyesgive we F DEATH   Ent	rordeles of servi ler only one car USED 8Y1 CAUSE (a)	213	1-24-47 for (a), (b), and (	73 M	r. Alvis	1	tby Eas	INTER	d.  VAL BETWEEN IT AND DEATH
		Conditions, if a gave rise to imm (a), stating the cause last,	adiete cause	DUE TO (b)_ DUE TO (c)			THE SIT NOT D			·		
	3		HER SIGNIFICA	NT CONDITIO	NS CONTRIB	SUTING TO DEAT		LATED TO THE TER	MINAL DISEASE C	ONDITION GIVEN	IN PART 1(a) 19.	WAS AUTOPSY
	2	PART II. OT	WAS UNDERL	YING [] 20				ther nature of injury			IN PART 1(a) 19.	PERFORMED?
	2	PART II. OT	WAS UNDERLING CAUSE IFY MEDICAL  AUTOMOTION	YING [] 20	Ob. DESCRIB	E HOW INJURY	OCCURED. (E		in Part I or Pert II of	of item 18.)		PERFORMED?
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	1 (M		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARVI AND
	# =N	1	CERTIFICATE OF DEATH	05989
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death	1.	PLACE OF OEATH  a. CDUNTY  2. USUAL RESIDENCE (Where deceased lived, If Institution: Be a. STATE  b. COUNTY  b. COUNTY	esidence before admission)
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	hours after of in by the first. Pages 1 it hours after of the first af		b. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give negrest town)  C. LENGTH DF STAY IN 1b  C. CITY DR TOWN (if outside corporate limits, write RURAL and give negrest town)	and give nearest town)
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	in 24 fill bap thin thin	_	803 Warer Road 803 Warer Road	YES NO
	to be executed within 24 horystorial and completely filled please remove carbon papers, and in any event, within 72 kg.	3.	NAME OF DECEASED NOA H Middle Last 4. DATE OF OF OF OTHER OF OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER OT	23 - 1966
	outed ove c	5.	last-pirthday) Months I	1 YEAR IF UNDER 24 HRS. Days Hours   Min.
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	tifical ig ph hen p	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MCM RELEAD	
	that the death certificatician. sician. ned by the attending phy al-transit permit. Then p	15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT ss, no, or unknown) ((If yes give war or dates of service)	
	leath erm on, (		- Ro 2/3-01-583/	
	he de sit pe matio		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN DNSET AND DEATH
	at the ian. d by transicent		PART I. DEATH WAS CAUSED BY: Chronic Congestive Cardiac Fallure	6 mas
8	The law requires that the death certifica or attending physician. The sate has been signed by the attending phy ruse as the burial-transit permit. Then ealth prior to burial, cremation, or removal		Cenditions, If any, which   Due to Arterioslerotic Heart Disease	loyrs
	law requires ttending phy has been sig as the buri prior to buri		cause (a), stating the DUE TO	20yrs
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	ig PHYSI by the hi ter this be detacl	MEDICAL	20c. TIME DF INJURY Month, Oay, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, Hour a.m. P.m. 19 At work	inty) (State)
	ATTENDING retained by CTOR: After I should be vith the Staf			that (I) (we) last
	reta reta short		saw the deceased alive on 1966, and that death occurred at M, from the causes and on the causes and on the causes are causes and on the causes are causes and on the causes are caused and causes are caused are	NE GATE STATEG ADDVE. ATE SIGNED
	y be DIRE		M.D. ATTENDING MED. STAFF PHYS. 4	127/66
	TO HOSPITAL OR ATTENDIN Page 4 may be retained it TO FUNERAL DIRECTOR. Af director, page 3 should be should be filed with the S		22c. PHYSICIAN'S D DIMMER M.D. 22d. ADDRESS	
	Page Page O FUN direct	23	T. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION ICLY, town or cou	unty) M (State)
	- F	24	FUNCIAL T-08-66 MILLYON COMPLETON ADDRESS 250. REGISTRAR'S 250. REGISTRAR'S	'S SIGNATURE
	VR AI5 (4)		James B. Mashell Easton Med DATE APR 29 1966 polices	las Judge
	B	64	REMOVAL (Specify 4-28-66 Metwood Cemetary Talkat  Funeral Director 25a. REGISTRAR' 25b. REGISTRAR'S	m

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY. b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) c. CITY OR TOWN (If existe corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 2 hours **C** 0 filled i HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? d. STREET ADDRESS YES and completely i remove carbon o any event, within NAME DE DATE Middle Last 4. Day DECEASED DF (Type or print) DEATH oma , SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED 8. AGE (In years | IFUNDER 1 YEAR 7. MARRIED last birthday) Months I Hours WIDOWED DIVORCED yrs. = physician n please r val, and in 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA þe during most of working life even if retired) INDUSTRY COUNTRY? death certificate has been signed by the attending phy as the burial-transit permit. Then ply prior to burial, cremation, or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 055 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address INFORMAN (Yes, no, or unknwn) [(If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per )ing for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY CERTIFICATION for use Health RERFORMED? YES NO the hospital 20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) this certification of Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ) (State) TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While retained by at work at work NO. 21. I certify that (I) attended the deceased from 19 that (I) (we) last DIRECTOR: and that death occurred at 3 saw the deceased arive-d DM, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE STONED page ATTENDING M.D. PHYS DIRECTOR PHYS Page 4 may FUNERAL director, p should be 1 PHYSICIAN'S 22d. NAME (Type) TAL, CREMATION CEMETERY OR CREMATORY 23d. LOCATION (City, town (State) 0 REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 1/65

